System Authorization Access Request (DD FORM 2875, AUG 2009) SAMIS/AFSAC Online/Report.Web(FeTODS/ETOs/ITOs)

These step-by-step instructions are intended to help you acquire access to the AFSAC managed information systems.

AFSAC ENCOURAGES FORMS TO BE ELECTRONICALLY COMPLETED TO ENSURE ACCURACY AND TIMELINESS FOR OBTAINING YOUR ACCOUNT.

SUBMITTED FORMS NOT PROPERLY COMPLETED OR ILLEGIBLE WILL BE RETURNED.

ONLY THE TEMPLATES LOCATED ON THE AFSAC ONLINE HOMEPAGE (https://afsac.wpafb.af.mil/password_2.html) WILL BE ACCEPTED. ALL OTHER DD 2875s WILL BE RETURNED.

Select the appropriate form for the system access you are requesting. In the upper right-hand corner of the form, click on "Trust Form" to enable editing before beginning. All required blocks must be completed before the request will be processed. Follow the steps below to complete the form:

TYPE OF REQUEST:

- Initial: New user accounts and accounts that need to be re-established due to deletion.
- Modification: Changes to an existing account
  - Provide USER ID in the USER ID field.
- Deactivate: Delete the user account.
  - Provide USER ID in the USER ID field.

DATE: Enter the date of the request. (All dates must be entered in YYYYMMDD format.)

SYSTEM NAME: This block will be pre-populated. Ensure the system name matches the system you are requesting. If the system does not match the system you are requesting, download the correct template from the link above.

Note: Report.Web All requests for a SAMIS account will automatically include a basic Report.Web account for viewing SAMIS reports. Users requiring access to FeTODS/ETOs/ITOs information must submit a separate Report.Web (FeTODS/ETOs/ITOs) DD 2875 account request for access to those systems.

Report.Web (FeTODS/ETOs/ITOs) requests must include a specific TODO listing in block 27.

LOCATION: Pre-populated. Do not change.

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PART I (Blocks *to be completed by Requestor*):

1. **Name**: Enter full name in pop-up windows. Three pop-up windows will appear for First Name, Middle Initial, and Last Name.
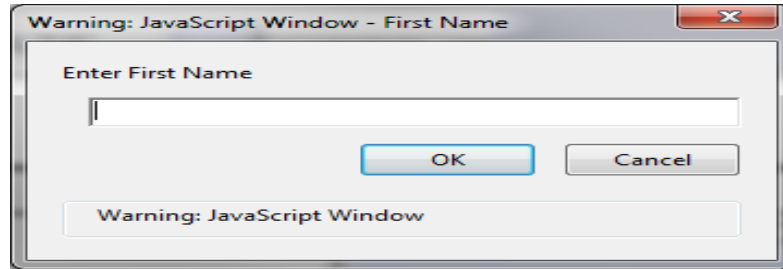
2. **Organization**: Enter full unit name (e.g., Bandaria Air Force).

3. **Office Symbol/Department**: Enter unit office symbol or department name.

4. **User's Phone Number**: Check DSN (Defense Switched Network) or Commercial and then enter appropriate number including area code. (If providing a commercial number, include the country-code where appropriate.)

5. **User's Official Email Address**: Enter individual e-mail address.
    Group or shared email addresses are not permitted.

6. **Job Title & Rank**: Enter job title and **grade/rank.**

7. **Official Mailing Address**: Enter official postal mailing address.

8. **Citizenship**: Select FN (Foreign National).

9. **Designation of Person**: Select <u>MILITARY,</u> <u>CIVILIAN</u> or <u>CONTRACTOR.</u>

10.   **IA Training and Awareness Certification Requirements**: This block is not required to be completed by foreign nationals. Instead, checkmark the area in block 13 indicating that you have read and understand the System Rules of Behavior and Notice and Consent documents which are attached to the DD 2875 form.

11 & 12: **User Signature and Date: *ATTENTION* Prior to signing and dating the form, the user must ensure that blocks 13-16a are appropriately completed. Please follow the guidance below for the proper completion of those blocks.** After ensuring the completion of all necessary blocks, the user must then sign and date the DD 2875 with the understanding that they are responsible and accountable for the security of their password and access to the user account in their name for the system requested.

PART II (Blocks to be completed by Requestor and Supervisor/CCM):

13. **Justification for Access:** Please provide the **PURPOSE** of the system access required and the access being requested. This entry **CANNOT** be a generic statement, such as "Access required to perform job duties."

> **CCM endorsement**: This part is NOT to be completed by the user. The CCM will endorse the DD 2875 verifying the justification for access after all portions of the form have been completed.

> **System Rules of Behavior and Notice and Consent:** Read and acknowledge understanding of the System Rules of Behavior and Notice and Consent agreement. This can be found by clicking the hyperlink in block 13 on the form (see diagram below).

> ✓ By signing in box 11 above, I am agreeing that I have read and understand the *System Rules of Behavior* and *Notice and Consent* located here

13a. **Job role:** Select the appropriate job role from the dropdown box.   Available job roles are the following:
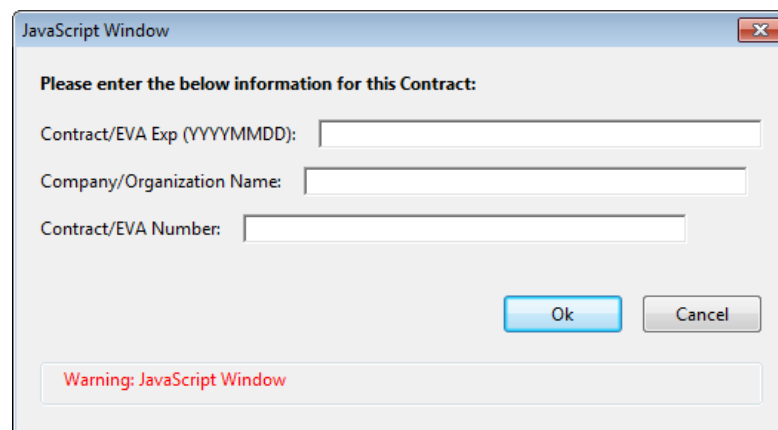
- Foreign Liaison Full Access
- Foreign Liaison Read Only

13b. **PIN:** Enter a four-digit numeric PIN that is easily remembered. The PIN is used for the creation of the initial password and thereafter when requesting password resets.

14. **Type of Access Required:** Do not change.

15. **User Requires Access to:** Do not change.

16a. **Access Expiration Date:** Enter the date that access is to be terminated. CONUS-located foreign nationals must include EVA/P (Extended Visit Authority/Permit) number and expiration date.   Use block 27 if additional space is needed. Clicking in block 16a will bring up the pop-up window below.

16. **Verification of Need to Know:** Do not change.

17. **Supervisor's Name:** Supervisor/CCM enters his/her name.

18. **Supervisor's Signature:** Supervisor/CCM signs the form.
    NOTE: Sign only after blocks 16-20b are completed.

19. **Date:** Supervisor/CCM enters the date the document was signed.

20. **Supervisor's Organization/Department:** Supervisor/CCM enters organization/department.

20a. **Supervisor's Email Address:** Supervisor/CCM enters email address.

20b. **Phone Number:** Supervisor/CCM enters phone number.

   PART III – Do not complete.

NOTE Additional Required Documentation

1. Embassy Approval Form: Requestors Outside of the Continental United States (OCONUS) who are foreign nationals, require an embassy approval form signed by their embassy in Washington D.C.

Processing:

Send the completed DD 2875 package (DD 2875, System Rules of Behavior, Notice and Consent, and Embassy Approval (if OCONUS)) to your CCM or Foreign Liaison Officer (FLO) dependent upon your current country procedures for form submission. Users who do not have FLO representation, or who cannot submit the form directly to their CCM may submit the form to: afsac.computer.security.manager@us.af.mil for processing.

ACRONYM LISTING:

Acronym	Definition
AFSAC	Air Force Security Assistance Cooperation
DSN	Defense Switch Network
ETO	Electronic Technical Order
FeTODS	Foreign Military Sales Electronic Technical Order Distribution System
FN	Foreign National
ITO	Interim Technical Order
LOA	Letter of Acceptance
PIN	Personal Identification Number
SAMIS	Security Assistance Management Information System (AF)
SATODS	Security Assistance Technical Order Data System
TODO	Tech Order Distribution Office
USG	United States Government

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Sample Completed DD 2875:

Be sure to follow the instructions. You can view them by clicking this text.

Trust this form to enable completion.

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.

PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.

ROUTINE USES: None.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST				DATE (YYYYMMDD)
☒ INITIAL	☐ MODIFICATION	☐ DEACTIVATE	☐ USER ID_____	20140715

SYSTEM NAME (Platform or Applications)	LOCATION (Physical Location of System)
MIAP, SAMIS	WPAFB

PART I (To be completed by Requestor)

1. NAME (Last, First, Middle Initial)	2. ORGANIZATION
Doe, John, A	Bandaria Air Force

3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)
LGRXP/Air Force	☐ DSN ☐ COMM 92-021-1234567

5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK
john.doe@gmail.com	Supply Officer/Lt Col

7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP	9. DESIGNATION OF PERSON
5454 Buckner Rd WPAFB, OH 45433	☐ US ☒ FN ☐ OTHER	☒ MILITARY ☐ CIVILIAN ☐ CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)
☒ I have completed Annual Information Awareness Training. DATE (YYYYMMDD) _____

11. USER SIGNATURE	12. DATE (YYYYMMDD)
Sign Here	20140715

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)

13. JUSTIFICATION FOR ACCESS
I'm a TODO officer at a forward deployed supply depot in support of Bandarian F-15 Procurement Operations. Access is required to track inventories, requisitions and part orders.

CCM Endorsement:

BA	Printed Name of CCM	Sign Here	20140715
Country Code	Printed Name	Signature	Date

☑ By signing in box 11 above, I am agreeing that I have read and understand the *System Rules of Behavior* and *Notice and Consent* located here

13a. JOB ROLE Foreign Liasion Support

13b. Please enter a four digit numeric PIN that you will remember and will be used when requesting your password to be reset: _____

14. TYPE OF ACCESS REQUIRED:
☒ AUTHORIZED ☐ PRIVILEGED

15. USER REQUIRES ACCESS TO: ☒ UNCLASSIFIED ☐ CLASSIFIED (Specify category)
☐ OTHER

16. VERIFICATION OF NEED TO KNOW	16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)
I certify that this user requires access as requested. ☒	20150715 BA123456, Bandaria Air Force

17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)
Sample, Mark, A	Sign Here	20140715

20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
AFLCMC/WFMM	mark.sample@us.af.mil	986-1234

21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)

22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)

DD FORM 2875, AUG 2009 PREVIOUS EDITION IS OBSOLETE. Adobe Professional 8.0

Sample Completed DD 2875 (continued):

26. NAME *(Last, First, Middle Initial)*
Doe, John, A

27. OPTIONAL INFORMATION *(Additional information)*

CONTINUATION FROM BLOCK 16a (Company Name, Contract Number, Expiration Date):
Contract Number
BA123456
Company Name
Bandaria Air Force

ADDITIONAL INFORMATION:

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION	28a. DATE OF INVESTIGATION *(YYYYMMDD)*
28b. CLEARANCE LEVEL	28c. IT LEVEL DESIGNATION ☐ LEVEL I ☐ LEVEL II ☒ LEVEL III

29. VERIFIED BY *(Print name)*	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE *(YYYYMMDD)*

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	

DATE PROCESSED *(YYYYMMDD)*	PROCESSED BY *(Print name and sign)*	DATE *(YYYYMMDD)*
DATE REVALIDATED *(YYYYMMDD)*	REVALIDATED BY *(Print name and sign)*	DATE *(YYYYMMDD)*

DD FORM 2875 (BACK), AUG 2009

Reset